

Harris County Consolidated Plan Amendment with respect to 24 CFR Part 91

In order to comply with instructions from the U.S. Department of Housing and Urban Development (HUD), the Consolidated Plan of Harris County is being amended according to the proceeding matrix.

24 CFR Part 91 Reference		Component	Con. Plan Location	
Subpart A - General			Section	Page #
91.2 - Apillicability	(2)	The Emergency Solutions Grants (ESG) program (see 24 CFR part 576)... (replacing "Emergency Shelter" with "Emergency Solutions"	Throughout the entire Consolidated Plan	
91.5 - Definitions		Definitions - New definitons provided by HUD in 24 CFR Part 91	Appendix F - Definitions	F-1 to F-17
Subpart B - Citizen Participation and Consultation			Section	Page #
91.100 - Consultation	(2)	When preparing the portions of the consolidated plan describing the jurisdiction's homeless strategy and the resources available to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) and persons at risk of homelessness, the jurisdiction must consult with:	Citizen Participation	
		(i) The Continuum of Care that serve(s) the jurisdiction's geographic area;		2-2
		(ii) Public and private agencies that address housing, health, social service, victim services, employment, or education needs of low-income individuals and families; homeless individuals and families, including homeless veterans; youth; and/or other persons with special needs;		2-2
		(iii) Publicly funded institutions and systems of care that may discharge persons into homelessness (such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions);		2-2
		(iv) Business and civic leaders.		2-2
91.100 - Consultation	(5)	(d) Emergency Solutions Grants (ESG). A jurisdiction that receives an ESG grant must consult with the Continuum of Care in determining how to allocate its ESG grant for eligible activities; in developing the performance standards for, and evaluating the outcomes of, projects and activities assisted by ESG funds; and in developing funding, policies, and procedures for the operation and administration of the HMIS.		2-2

91.105 - Citizen participation plan	<p>(2) Encouragement of citizen participation</p> <p>(i) The citizen participation plan must provide for and encourage citizens to participate in the development of any consolidated plan, any substantial amendment to the consolidated plan, and the performance report. These requirements are designed especially to encourage participation by low- and moderate-income persons, particularly those living in slum and blighted areas and in areas where CDBG funds are proposed to be used, and by residents of predominantly low- and moderate-income neighborhoods, as defined by the jurisdiction. A jurisdiction is also expected to take whatever actions are appropriate to encourage the participation of all its citizens, including minorities and non-English speaking persons, as well as persons with disabilities.</p> <p>(ii) The jurisdiction shall encourage the participation of local and regional institutions, the Continuum of Care and other organizations (including businesses, developers, nonprofit organizations, philanthropic organizations, and community-based and faith-based organizations) in the process of developing and implementing the consolidated plan.</p> <p>(iii) The jurisdiction shall encourage, in conjunction with consultation with public housing agencies, the participation of residents of public and assisted housing developments, in the process of developing and implementing the consolidated plan, along with other low-income residents of targeted revitalization areas in which the developments are located. The jurisdictions shall make an effort to provide information to the public housing agency (PHA) about consolidated plan activities related to its developments and surrounding communities so that the PHA can make this information available at the annual public hearing required for the PHA Plan.</p> <p>(iv) The jurisdiction should explore alternative public involvement techniques and quantitative ways to measure efforts that encourage citizen participation in a shared vision for change in communities and neighborhoods, and the review of program performance; e.g., use of focus groups and the Internet.</p>		<p>2-2 to 2-3</p> <p>2-2 to 2-3</p> <p>2-2 to 2-3</p> <p>2-2, 2-9</p>
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Subpart C - Local Governments; Contents of Consolidated Plan		Section	Page #
91.200 - General	(b) The jurisdiction shall describe: (1) The lead agency or entity responsible for overseeing the development of the plan and the significant aspects of the process by which the consolidated plan was developed; (2) The identity of the agencies, groups, organizations, and others who participated in the process; and (3) A jurisdiction's consultations with: (i) The Continuum of Care that serves the jurisdiction's geographic area; (ii) Public and private agencies that address housing, health, social services, employment, or education needs of low-income individuals and families, of homeless individuals and families, of youth, and/or of other persons with special needs; (iii) Publicly funded institutions and systems of care that may discharge persons into homelessness (such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); (iv) Other entities	Citizen Participation	2-1
			2-2, 2-9 to 2-10
			2-2, 2-9 to 2-10
			2-2, 2-9 to 2-10
			2-2, 2-9 to 2-10
91.205 Housing and Homeless Needs Assessment	(1) (i) The plan shall estimate the number and type of families in need of housing assistance for: (A) Extremely low-income, low-income, moderate-income, (B) Renters and owners; (C) Elderly persons; (D) Single persons; (E) Large families; (F) Public housing residents; (G) Families on the public housing and Section 8 tenant-based waiting list; (H) Persons with HIV/AIDS and their families; (I) Victims of domestic violence, dating violence, sexual assault, and stalking; (J) Persons with disabilities; and	5 Year Strategies	
			5-4 to 5-6
			5-6
			5-6 to 5-7
			5-6 to 5-7
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			5-6 to 5-7
			5-6, 5-8
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			5-6, 5-8

	<p>(K) Formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance.</p>		5-6
	<p>(ii) The description of housing needs shall include a concise summary of the cost burden and severe cost burden, overcrowding (especially for large families), and substandard housing conditions being experienced by extremely low-income, low-income, moderate-income, and middle-income renters and owners compared to the jurisdiction as a whole. (The jurisdiction must define in its consolidated plan the terms “standard condition” and “substandard condition but suitable for rehabilitation.”)</p>		5-9 to 5-10
	<p>(c) Persons who are homeless or at risk of homelessness. (1) The plan must describe, in a form prescribed by HUD, the nature and extent of unsheltered and sheltered homelessness, including rural homelessness, within the jurisdiction. At a minimum, the recipient must use data from the Homeless Management Information System (HMIS) and data from the Point-In-Time (PIT) count conducted in accordance with HUD standards.</p>		5-8, 5-20 to 5-25
	<p>(i) The description must include, for each category of homeless persons specified by HUD (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth), the number of persons experiencing homelessness on a given night, the number of persons who experience homelessness each year, the number of persons who lose their housing and become homeless each year, the number of persons who exit homelessness each year, the number of days that persons experience homelessness, and other measures specified by HUD.</p>		5-8 to 5-9
	<p>(ii) The plan also must contain a brief narrative description of the nature and extent of homelessness by racial and ethnic group, to the extent information is available.</p>		5-22
	<p>(2) The plan must include a narrative description of the characteristics and needs of low-income individuals and families with children (especially extremely low-income) who are currently housed but threatened with homelessness. This information may be evidenced by the characteristics and needs of individuals and families with children who are currently entering the homeless assistance system or appearing for the first time on the streets. The description must also specify particular housing characteristics that have been linked with instability and an increased risk of homelessness.</p>		5-31 to 5-36

91.210 Housing Market Analysis	<p>(c) Facilities, housing, and services for homeless persons. The plan must include a brief inventory of facilities, housing, and services that meet the needs of homeless persons within the jurisdiction, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth.</p> <p>(1) The inventory of facilities and housing (e.g., emergency shelter, transitional housing, and permanent supportive housing) must be presented in a form specified by HUD.</p> <p>(2) The inventory of services must include both services targeted to homeless persons and mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons.</p>	<p>Appendix B - Homeless Service Providers</p> <p>Appendix K - Homeless Shelter Inventory</p> <p>Appendix B - Homeless Service Providers; 5-23 to 5-24 (Tables 5.7, 5.8, 5.9)</p>
91.215 Strategic Plan	<p>(b)</p> <p>Affordable housing. With respect to affordable housing, the consolidated plan must include the priority housing needs table prescribed by HUD and must do the following:</p> <p>(1) The affordable housing section shall describe how the characteristics of the housing market and the severity of housing problems and needs of extremely low-income, low-income, and moderate-income renters and owners, persons at risk of homelessness, and homeless persons identified in accordance with § 91.205 provided the rationale for establishing allocation priorities and use of funds made available for rental assistance, production of new units, rehabilitation of existing units, or acquisition of existing units (including preserving affordable housing units that may be lost from the assisted housing inventory for any reason). Household and income types may be grouped together for discussion where the analysis would apply to more than one of them. If the jurisdiction intends to use HOME funds for tenant-based assistance, the jurisdiction must specify local market conditions that led to the choice of that option.</p> <p>(2) The affordable housing section shall include specific objectives that describe proposed accomplishments, that the jurisdiction hopes to achieve and must specify the number of extremely low-income, low-income, and moderate-income families, and homeless persons to whom the jurisdiction will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership over a specific time period.</p>	<p>5 Year Strategies</p> <p>5-15 to 5-18</p> <p>5-15 to 5-18</p>

(d)	Homelessness. The consolidated plan must include the priority homeless needs table prescribed by HUD and must describe the jurisdiction's strategy for reducing and ending homelessness through:		5-36 to 5-39; Table 5.13 (5-37)
	(1) Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs;		5-36 to 5-39
	(2) Addressing the emergency shelter and transitional housing needs of homeless persons;		5-36 to 5-39
	(3) Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again; and		5-36 to 5-39
	(4) Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are:		5-36 to 5-39
	(i) Likely to become homeless after being discharged from publicly funded institutions and systems of care into homelessness (such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions) or		5-36 to 5-39
	(ii) Receiving assistance from public and private agencies that address housing, health, social services, employment, education, or youth needs.		5-36 to 5-39
(k)	Institutional structure. The consolidated plan must provide a concise summary of the institutional structure, including private industry; nonprofit organizations; community and faith-based organizations; philanthropic organizations; the Continuum of Care; and public institutions, departments and agencies through which the jurisdiction will carry out its housing, homeless, and community development plan; a brief assessment of the strengths and gaps in that delivery system; and a concise summary of what the jurisdiction will do to overcome gaps in the institutional structure for carrying out its strategy for addressing its priority needs.		5-106 to 5-111

	(I)	Coordination. The consolidated plan must provide a concise summary of the jurisdiction's activities to enhance coordination among the Continuum of Care, public and assisted housing providers, and private and governmental health, mental health, and service agencies. The summary must address the jurisdiction's efforts to coordinate housing assistance and services for homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) and persons who were recently homeless but now live in permanent housing. With respect to the public entities involved, the plan must describe the means of cooperation and coordination among the State and any units of general local government in the metropolitan area in the implementation of its consolidated plan. With respect to economic development, the jurisdiction should describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies.		5-111
91.220 Action Plan	(i)	Homeless and other special needs activities.		
		(1) The jurisdiction must describe its one-year goals and specific actions steps for reducing and ending homelessness through:		5-36 to 5-39
		(i) Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs;		5-36 to 5-39
		(ii) Addressing the emergency shelter and transitional housing needs of homeless persons;		5-36 to 5-39
		(iii) Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again; and		5-36 to 5-39
		(iv) Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are:		5-36 to 5-39
		(A) Being discharged from publicly funded institutions and systems of care, such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions; or		5-36 to 5-39

	(B) Receiving assistance from public and private agencies that address housing, health, social services, employment, education, or youth needs.		5-36 to 5-39
	(2) The jurisdiction must specify the activities that it plans to undertake during the next year to address the housing and supportive service needs identified in accordance with § 91.215(e) with respect to persons who are not homeless but have other special needs		5-18 (Table 5.4), 5-36 to 5-39
	(4) ESG. (i) The jurisdiction must include its written standards for providing ESG assistance. The minimum requirements regarding these standards are set forth in 24 CFR 576.400(e)(1) and (e)(3).		5-106
	(ii) If the Continuum of Care for the jurisdiction's area has established a centralized or coordinated assessment system that meets HUD requirements, the jurisdiction must describe that centralized or coordinated assessment system. The requirements for using a centralized or coordinated assessment system, including the exception for victim service providers, are set forth under 24 CFR 576.400(d).		5-106
	(iii) The jurisdiction must identify its process for making subawards and a description of how the jurisdiction intends to make its allocation available to private nonprofit organizations (including community and faith-based organizations), and in the case of urban counties, funding to participating units of local government.		5-106
	(iv) If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering and making policies and decisions regarding any facilities or services that receive funding under ESG.		5-106
	(v) The jurisdiction must describe the performance standards for evaluating ESG activities		5-106
	(vi) The jurisdiction must describe its consultation with each Continuum of Care that serves the jurisdiction in determining how to allocate ESG funds each program year; developing the performance standards for, and evaluating the outcomes of, projects and activities assisted by ESG funds; and developing funding, policies, and procedures for the administration and operation of the HMIS.	Citizen Plan, 5 Year Strategies	2-2, 5-106, 5-108 to 5-109

91.225 Certifications	(c) ESG. For jurisdictions that seek ESG funding under 24 CFR part 576, the following certifications are required: (1) If an emergency shelter's rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation; (2) If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion; (3) In all other cases where ESG funds are used for renovation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation; (4) In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the jurisdiction will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long as the jurisdiction serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area; (5) Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary;	Appendix E: Certifications	
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	(6) The jurisdiction will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living), and other Federal, State, local, and private assistance available for these individuals;		51
	(7) The jurisdiction will obtain matching amounts required under 24 CFR 576.201;		51
	(8) The jurisdiction has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter;		51
	(9) To the maximum extent practicable, the jurisdiction will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the program, and in providing services for occupants of facilities assisted under the program;		51
	(10) All activities the jurisdiction undertakes with assistance under ESG are consistent with the jurisdiction's consolidated plan; and		51
	(11) The jurisdiction will establish and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health-care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.		51

Subpart F - Other General Requirements		Section	Page #
91.520 Performance Reports	(b) Affordable housing. The report shall include an evaluation of the jurisdiction's progress in meeting its specific objective of providing affordable housing, including the number and types of families served. This element of the report must include the number of extremely low-income, low-income, moderate-income, middle-income, and homeless persons served.	Citizen Participation	2-8
	(c) Homelessness. The report must include, in a form prescribed by HUD, an evaluation of the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:		2-8
	(1) Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs;	Cit. Participation, 5 Year Strategies	2-8, 5-36 to 5-39
	(2) Addressing the emergency shelter and transitional housing needs of homeless persons;		2-8, 5-36 to 5-39
	(3) Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again; and		2-8, 5-36 to 5-39
	(4) Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are		2-8, 5-36 to 5-39
	(i) Likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions);		2-8, 5-36 to 5-39
	(ii) Receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.		2-8, 5-36 to 5-39
	(g) ESG. For jurisdictions receiving funding under the ESG program provided in 24 CFR part 576, the report, in a form prescribed by HUD, must include the number of persons assisted, the types of assistance provided, and the project or program outcomes data measured under the performance standards developed in consultation with the Continuum(s) of Care.	Citizen Participation	2-8